

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001463

1. Entity Name

PATHWAY TO JOY MINISTRIES, INC.



Principal Place of Business

**1415 WILEY ST
HOLLYWOOD, FL 33020**

Mailing Address

**1415 WILEY ST
HOLLYWOOD, FL 33020**



01162006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0995916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARB, VALENTIN
1415 WILEY ST
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BUCUR, CORNEL
STREET ADDRESS 3578 DUNES VISTA DR
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE PD
NAME BUCUR, CORNEL
STREET ADDRESS 3587 DUNES VISTA DR.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE TS
NAME BARB, VALENTIN
STREET ADDRESS 1415 WILEY ST
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE D
NAME BUCUR, KAREN
STREET ADDRESS 3587 DUNES VISTA DR.
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D
NAME LOWE, CHET
STREET ADDRESS 6414 HWY 93 S
CITY-ST-ZIP WHITEFISH, MT 59937

TITLE D
NAME SAUDER, DOUG
STREET ADDRESS 4430 NW 64TH TERR.
CITY-ST-ZIP LAUDERHILL, FL 33319

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01/25/06-80007-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/06

954-925-8489

Date

Daytime Phone #